

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-675)							SERIAL NO. <i>09901536</i>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20	1		1		1		70						
21	1						71						
22	1				1		72						
23	1			1	1		73						
24	1		1	1	1		74						
25	1		1	1	1		75						
26	1				1		76						
27	1			1		1	77						
28	1			1		1	78						
29	1		1		1		79						
30	1		1		1		80						
31	1				1		81						
32				1		1	82						
33					1		83						
34						1	84						
35						1	85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	1		5	1	8							
TOTAL DEP.	6	1		8	1	8							
TOTAL CLAIMS	12	1	1	13	1	10							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

6-1764

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09901586

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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16						
17						
18						
19						
20		1				
21			1			
22			1			
23			1			
24		1				
25			1			
26			1			
27			1			
28			1			
29		1				
30			1			
31		1				
32			1			
33			1			
34			1			
35			1			
36						
37						
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39						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			8			
TOTAL DEP.			8			
TOTAL CLAIMS			16			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
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89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						